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Item 5 of the provisional agenda

REVIEW OF DEVELOPMENTS PERTAINING TO THE PROMOTION AND PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS OF INDIGENOUS PEOPLE: HEALTH AND INDIGENOUS PEOPLES

Information received from indigenous peoples' organizations

Addendum

INDIGENOUS MISSIONARY COUNCIL

[Original: Portuguese]
[20 May 1996]

1. Of the various forms of aggression against indigenous peoples, disease is perhaps the most widespread and the least heeded. An analysis of the health situation of the indigenous peoples points to a sad reality: the high incidence of epidemics and endemic diseases, the increase in the occurrence and extent of especially infectious/contagious diseases, the growth of rates of mortality due to inadequate care, with a predominance of infant mortality resulting from preventable and curable diseases. This is due to omission on the part of the public authorities and/or direct or indirect participation in activities which expose the indigenous peoples to risks and destroy the resources they need in order to remain healthy (not just physical elements, but cultural, religious and other elements).

2. Among the factors which determine or influence the current health situation of the indigenous peoples we may mention: the lack of demarcation of indigenous lands; the reduction in the areas they occupy; denial of the right to exclusive usufruct of the resources of their territories; failure by the official health organs to execute directives and proposals originating from the national indigenous health conferences.

3. The health situation of the indigenous peoples is causing concern, as reported in the survey carried out by the Institute of Tropical Medicine in Manaus (IMTM). In the 47 FUNAI (National Indian Foundation) administrative units which exist in Brazil there were a total of 2,591 deaths of Indians between January 1993 and October 1994. Almost half of these deaths (1,079) occurred in children under the age of five years. The main cause is inadequate care, which is responsible for 22.3 per cent of deaths. The same survey reveals a steady and emphatic decline in the life expectancy of Indians. In 1993, average life expectancy was 48.2 years and in 1994 this figure fell to 45.6. The lowest rate (37.7 years) was recorded in Mato Grosso do Sul, followed by the States of Roraima, Pará and Amazonas.

4. Throughout the country the deterioration of the health situation is well known; however, for this study it was not possible to compile data on all areas and thereby reach broader conclusions concerning indigenous health.

5. The analysis below was carried out on the basis of data compiled in 1994 and 1995 and relates to the health situation of 43 indigenous peoples, who represent 20.7 per cent of the total indigenous peoples in Brazil.

Malaria

6. There has been an increase in cases of malaria and, more seriously, in the rates of mortality resulting from this disease. In this study, 6,222 cases were recorded (2,367 in 1994 and 3,855 in 1995), an increase of 1,488 from one year to the next. The number of deaths also increased: in 1994, there were 132 deaths and in 1995, 272, giving a total of 404 deaths over the period covered by the study.

7. In many regions, outbreaks occur successively, which means that there is no time for the population to recover their health and return to their fields. Consequently, living conditions become even more precarious and hunger-related problems such as malnutrition and anaemia increase.

8. Cases of malaria have been recorded in all villages in the Northern Region. The Pauman, who live along the middle reaches of the Purús (Amazonas), state that all members of their population have already contracted the disease at least three times.

9. Among the Deni in the River Xerua-region, the frequency of malaria attacks is apparent from the percentage of persons suffering from splenomegaly (enlargement of the spleen): 181, or 75 per cent of the population. Anaemia, resulting from the various epidemics, affects 38 per cent, which indicates the precarious living conditions to which they are subjected.

10. In the Javari valley, a region inhabited by the Mayoruna, Matis, Matses, Kulina, Marubo, Kanamari and more than 6 other isolated peoples, with an estimated population of at least 3,000 Indians, there have been recurrent outbreaks of malaria, owing to the frequent encroachments by loggers and the non-demarcation of the area. In 1994 there were 37 deaths caused by malaria (10-15 per cent of the infected population); in 1995 there were over 14 deaths and 313 cases.

11. From 1991 to 1993 there were 3,132 recorded cases of malaria among the Yanomami and 21 deaths. In the past two years (1994 and 1995) the number of deaths resulting from malaria rose to 223, according to data provided by the Indigenous Council of Roraima. Since the beginning of encroachment by the garimpeiros (gold prospectors), malaria has been the chief cause of death among the Yanomami. At present, in the region of Marari alone in the State of Amazonas, indices of up to 80 per cent of the population are being recorded for persons suffering from the disease. In the other regions where garimpeiros are present the pattern is similar. Even more disturbing is the finding that 43.6 per cent of malaria cases are of the falciparum, or most lethal, type.

12. In Rondonia, according to information from Dr. Gil de Catheu of the Diocese of Guajará Mirim, malaria is endemic in 6 of the 10 indigenous posts run by the FUNAI authorities in the region, where 1,350 people live, and is on the increase. In 1994, the incidence was 1,000 cases per 1,000 inhabitants or, in other words, an average of one case per inhabitant. The preventive measures taken by the National Health Foundation are not controlling the situation. In March 1995 alone, an epidemic affected 50 per cent of the 256 inhabitants of Santo André Indigenous Post.

13. About 21 per cent of the Rickbaktsa in Mato Grosso were affected by malaria in 1994, representing 157 people. In 1995 the figure was 149, or 20 per cent of the population. Also in this State in 1995, malaria was rampant among the Kayabi (29.5 per cent of the population), the Apiaká and the Munduruku (33.5 per cent), and also affected the Myky, Tapirapé and Karajá to a lesser extent.

14. In the State of Pará, there were no less than 1,207 cases of malaria (40.2 per cent of the population) among the Munduruku people, resulting in 26 deaths. The frequent encroachments on the area and the presence of more than 500 gold prospectors along the River Tapajós are factors in this situation and also affect other peoples in the region, such as the Tembé and the Asurini. In the Xingu region there were 542 cases of malaria (48.5 per cent of the population). The village of Ipixuna was the most seriously affected, with 99.5 per cent of the Indians suffering from the disease.

Tuberculosis

15. This is another disease whose incidence has increased among the indigenous peoples owing to lack of assistance in prevention, control and treatment. Poor nutrition resulting from the decrease in the numbers of fish and game fosters the spread of the disease and is responsible for the high indices recorded in some areas. As difficult as treatment is the diagnosis of

tuberculosis, especially in the interior of Amazonia, where the facilities for satisfactory diagnosis do not exist. In nearly all cases, the few health posts that exist are barely operational, lacking equipment and medicines, and their personnel are unqualified. The encroachments on indigenous areas are further important factors in that the Indians are exposed to the disease.

16. In 1994, 595 cases were diagnosed and in 1995 this figure rose to 837, giving a total of 1,432 cases and 22 deaths in the period covered.

17. There were 19 cases of tuberculosis among the Deni on the River Xerua (Amazonas) in 1994 and 32 in 1995. In 1995 again, there were 5 recorded cases among the Pirana, 10 among the Paumari and 50 among the Yanomami. In Pará tuberculosis is occurring among the Asurini in Trocará; in Rondonia it is being recorded among the Pakaas Novas, the Karitiana and the Uru-Eu-Wau-Wau. But the highest recorded rates are among the Guarani Kaiowá in Mato Grosso do Sul: 550 cases in 1994 and 450 in 1995, with a total of 15 deaths. The lack of land is cited by the leaders of the local indigenous organization, Aty Guaçu, as the principal factor responsible for the current situation. The lack of food, resulting from the shortage of resources and the impossibility of creating more cleared land, has contributed to this serious situation.

Hepatitis

18. Hepatitis is considered endemic in some regions and represents a threat to the survival of the indigenous peoples. Four hundred and fifty-two cases were recorded in 1994 and 1995, resulting in six deaths.

19. In the Javari valley (Amazonas), which is inhabited by the Mayoruna, Matsés, Marubo, Kulina, Matis, Kanamari and other isolated peoples, an outbreak of hepatitis B has already hit about 300 Indians, or 10 per cent of the population. A study carried out by the Epidemiology Centre in Manaus confirms the endemic nature of the disease and gives indices of 21 per cent of the population of the valley as carriers of the virus.

20. In Rondonia, hepatitis B broke out among the Pakaas Novas in August 1994 in highly endemic form. At the Deolinda post, which has 65 inhabitants, there were 15 cases of hepatitis. Of these, hepatitis B was diagnosed in nine cases and there were two recorded deaths. Hepatitis was also found in Amazonas among the Paumari (3 cases) and in Pará among the Arara, Kayapó, Parakanã, Munduruku and Tirió (over 14 cases). There were six deaths resulting from the disease.

Cholera

21. In 1995, the cholera epidemic went almost unreported, but the media's silence does not mean that the problem has disappeared. In 1994, 276 Indians suffered from cholera and in 1995 the figure was 193, giving a total of 469 cases, and 7 deaths, for the period covered by this study.

22. On the Juruá and Purus Amazonas rivers, where various peoples such as the Kulina, Kanamari, Apuriña and Paumari live, there were 269 cases of cholera. In the Upper Solimões region, 100 Ticuna contracted the disease, resulting in 6 deaths. There were 92 cases among the Kaxinawá in the State of Acre. In

Pernambuco, the Pankararu also suffer from the disease: one case was recorded, indicating that the bacterium is present in that area and so the possibility of new cases exists. The changes in the environment and traditional habits of the villages resulting from contact and domination have undermined disease-control mechanisms. Health conditions have been a determining factor in cases not only of cholera but of various types of verminoses, high levels of which have been recorded among the indigenous peoples.

Influenza and bacterial complications

23. Other diseases such as influenza and bacterial complications, including diarrhoea and conjunctivitis, continue to be rampant among the indigenous populations. Ninety cases of influenza were recorded among the MyKy in 1994. Since the total population is 63, we conclude that there were at least two outbreaks affecting almost all the inhabitants of the village. In the same year there were 1,611 cases of influenza among the Yanomami. In 1995, there were 174 cases of influenza (23 per cent of the population) among the Rickbaktsa. Pneumonia is one of the complications which appears after an influenza outbreak. The level among the Rickbaktsa was 6.4 per cent. Among the Yanomami in the Demini, Toototobi and Balawaú regions, with a population of 624, there were 159 cases of pneumonia, representing 24.4 per cent. Conjunctivitis affected 162 Yanomami (25.9 per cent) between December 1993 and September 1994.

24. In 1994 it was found that 60 per cent of the Tupinikin were suffering from acute respiratory insufficiency. This represents 410 cases.

25. There were reports of a number of cases of bronchitis and whooping cough among Indians, but the data available to us are insufficient for analysis.

Other diseases

26. The unfavourable situation with regard to contact with outsiders has contributed to the outbreak of sexually transmitted diseases, which have been recorded in four peoples in the States of Acre and Mato Grosso, giving a total of 30 cases.

27. This study has also elicited data on new diseases among the indigenous populations. In the last few years there have been a significant number of cases of cancer of the cervix in several peoples, such as the Tirió (Pará) and the Terena (MS), with three deaths last year. In Maranhão the disease has occurred in five Guajajara villages and among the Gavião, Krikati and Kanela, with two deaths during the past two years.

Anaemia and malnutrition

28. The incidence of anaemia and malnutrition is an indicator of the serious decline in the living conditions of the indigenous populations and the reduction of subsistence alternatives. The causes are very well known: the decrease in territory, encroachments, and wood and gold prospecting, which destroys the environment where game live and reproduce, where the Indians gather food and medicinal herbs, etc., frequent contact with the surrounding

society, leading to the abandonment of traditional eating habits, exploitation by the Indians themselves, noted in various regions, the detrimental and overtly anti-indigenous activity of many State Governments, the non-demarcation of indigenous areas, and the lack of adequate protection and assistance policies are among the main determining factors.

29. In this study a total of 928 cases of anaemia were recorded, but this figure may be said to be far below the actual level.

30. The Deni on the River Xerua (Amazonas) have very high anaemia rates: 91 cases out of a population of 241, or 37.7 per cent. The high incidence of diseases in the village, the lack of food caused by the inability to recover their fields, and the shortage of game and fish in the region are consequences of the long history of exploitation of the labour force to which this people has been subjected in the very recent past and of the current encroachments by loggers.

31. Among the Kaingang on the River Várzea there were 15 cases of anaemia (9.3 per cent of the population) in 1994 and 80 (50 per cent of the population, according to data contained in the Map of Hunger among the Indigenous Peoples II) in 1995. The malnutrition figures are also significant: 30 cases (18.6 per cent) in 1994 and 25 (15.5 per cent) in 1995. The situation in which this people lives is the main reason for this pattern: inadequate sanitary conditions, limited access to health care, poor crop-growing conditions, food shortage, inter alia.

32. In Minas Gerais, malnutrition affects 8.1 per cent of the Maxacali, or a total of 70 people. The population is suffering the consequences of the invasion of 1,852 hectares of its territory. Their land has no forests and hunting is practically non-existent. They no longer have access to the river where they used to fish because of the invasions. The everyday life of the villages is characterized by hunger and deprivation, a clear picture of absolute poverty.

33. There have also been cases of malnutrition among the Guarani (two) and anaemia among the Tapirapé (two).

Mercury poisoning

34. There are reports of mercury poisoning in a number of areas.

35. The area of Sateré Mawé situated near the River Marau is suffering from the effects of pollution caused by gold prospecting. The Brazilian Amazonia Indigenous Organizations Coordinating Body (COIAB) is investigating the situation and mercury poisoning is suspected.

36. The situation among the Kayapó is disturbing. Mercury levels in water are 100 per cent higher than the limit set by WHO, a fact which is endangering the Kayapó people who live in that area.

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Addendum

THE FOUR CREE NATIONS OF HOBBEMA AND THE INTERNATIONAL ORGANIZATION OF INDIGENOUS RESOURCE DEVELOPMENT

[Original: ENGLISH]
[14 June 1996]

1. The Four Cree Nations of Hobbema and the International Organization of Indigenous Resource Development welcome the sub-item of the provisional agenda on indigenous health. Last year, Chief John Ermineskin of the Ermineskin Cree Nation gave a brief presentation to the Working Group. In his presentation, the Chief informed the Working Group of Canada's violation of Treaty No. 6: Peoples' Right to Health. Treaty No. 6, signed in 1876, between the First Nations and the British Crown, includes a specific provision for health benefits, famine and pestilence assistance. These are continuing legal obligations that bind the Crown to the provision of timely and necessary health-care services to alleviate the suffering of our Peoples. It is our, as

well as the Crown's understanding and agreement at the signing of the Treaty, that this care would continue for our Peoples "as long as the sun shines, the rivers flow and the grass grows".

2. It should be noted that the First Nations and Members of Treaty No. 6, have the protection of the Medicine Chest Clause in addition to the guarantee that the federal and provincial Governments in Canada provide to all their citizens. This guarantee of access to all medical and health services one can receive within Canada exists - supposedly - to ensure that all people living within the boundaries of what is now Canada are not whimsically denied the health care they require. Even with this guarantee, articulated in part in the Canada Health Act, and the shield of Treaty No. 6, too many of our people live in destitute circumstances while next door other non-indigenous persons enjoy an affluent and healthy lifestyle.

3. This situation is permitted to exist because instead of recognizing the plight of our Treaty Peoples, Canada and its provinces have in the past, and continue today, to use the Crown's continuing Treaty obligations to our Peoples as a means to deny us access to services readily available to the non-indigenous populations in our territories.

4. When Canada, as it was then, was formed, as a loose union of separate geopolitical regions with diverse and often competitive interests, in 1867 the formers of the confederacy took it upon themselves to decide that the geopolitical regions known as the provinces of Canada would have jurisdiction, as defined in section 92.7 of the Constitution Act, 1867:

> "over the Establishment, Maintenance and Management of Hospitals, Asylums, Charities and Eleemosynary Institutions in and for the Province, other than Marine Hospitals".

5. In the year 1905, fully 29 years subsequent to the singing of Treaty No. 6, Canada, under two separate pieces of legislation, carved two new provinces, Saskatchewan and Alberta, out of our territory. Section 3 of the Alberta Act 1905 states:

> "The provisions of the Constitution Acts, 1867 to 1886, shall apply to the province of Alberta in the same way and to the like extent as they apply to the provinces heretofore comprised in the Dominion, as if the said province of Alberta had been one of the provinces originally united ...".

Thus we find in 1996, not one hospital has been built on First Nations land in all of Treaty No. 6 territory in the province of Alberta. When our People require care that can only be given in a hospital, they must travel, often at great risk, to a provincial institution away from our communities.

6. We do not present this for this chamber as a dumping ground for complaints. The fact remains, it is our history as Treaty No. 6 Peoples, that while the provincial and federal Governments in Canada kick the "responsibility for the delivery of health services to Indian Peoples", back

and forth between themselves, much like one would a football, our Peoples' health-care needs are neglected to the point of unnecessary and avoidable deaths occurring amongst us.

7. We wish to inform this assembly of the fourteenth session of the following facts, facts gleaned from medical and scientific research into the health and socio-economic conditions of First Nations Peoples in Canada:

Current Health Canada figures indicate that First Nations Peoples in Canada are subject to tuberculosis at a rate three times that of all Canadians;

The life expectancy of First Nations members is still almost 10 years less than that of all Canadians;

Diabetes is prevalent in our societies at a rate of four and one half times the national rates;

Neo-natal death rates are still more than two and one half times the national neo-natal death rate;

Death from suicide occurs in our communities at a rate approximately two and one half times the national rate;

The average income of First Nations Peoples in Canada is 46 per cent that of the average income of all Canadians;

In spite of the appalling health status of First Nations Peoples and our poverty, the per capita expenditure by all levels of government on First Nations health is approximately 7 per cent less than expenditures by all levels of government on Canadians generally.

8. There are other items we could lay before your esteemed office, for example, with regard to housing, water and sanitary substandards; perhaps on another day.

9. Last year, Chief John Ermineskin of the Ermineskin Cree Nation, alluded to actions the Federal Department of Health was contemplating in regard to our Peoples. Many of the items he brought to your attention have been acted upon with alarming results. The Minister of Health for the Government of Canada instituted a cap on Federal Government spending in support of Indian and Northern Health Services permitting only a 6 per cent increase in federal spending on Indian and Northern Health Services in the 1995/96 fiscal year, 3 per cent in the 1996/97 fiscal year, 3 per cent in the 1997/98 fiscal year and 1 per cent in the 1998/99 fiscal year. The imposition of this "envelope" system has resulted in cutbacks in virtually every service area covered by the non-insured health benefits subprogramme to the point that many persons have either been refused care or have instead received substandard care.

10. In addition to the actions of the Federal Government, the provinces in Canada by their actions, have not remained silent on their interpretation of our rights. Subsequent to the 15 June 1993, election of the present

government of the province of Alberta, a series of massive funding cuts were initiated by the province to its Department of Health budget. The largest portion of these cuts impacted hospital-based services to such an extent that services previously provided in the rural hospitals, those hospitals closest to our communities, were severely cut back if not eliminated altogether. The number of beds available for patients to occupy was also drastically reduced, resulting in large reductions in staffing in the hospitals. These actions were taken despite our protests. By its actions, the province is creating a two-tiered health-care delivery system: one for the rich and another, lesser, one for the poor. Unnecessary and avoidable deaths in our communities have been the result of these actions by the provincial and the federal Governments. These actions were taken despite the alarming medical and scientific research we have itemized above. The Treaty Six Peoples maintain that the neglect experienced by our people is an affront not only to ourselves but to indigenous peoples' the world over and to the Universal Declaration of Human Rights.

11. We would therefore recommend the following:

Recognizing the First Nations Peoples in Canada are now living in what has been referred to as third world conditions, we recommend that the mandates of the World Health Organization and other health and social agencies of the United Nations, be amended/altered so that these bodies/agencies can enter Canada, study our situation and assist us in restoring our communities to acceptable health;

The United Nations set as a priority, in this the Decade of Indigenous Peoples, the identification and alleviation of the suffering of the indigenous peoples in Canada;

A global conference, sanctioned by the United Nations, on indigenous peoples' health, take place in Treaty Six territory;

The United Nations bring its diplomatic power to bear upon Canada to prevent Canada or its provinces from arbitrarily changing the health-care delivery system in Canada without first seeking the agreement of the First Nations Peoples in Canada.